

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
05 DEC 15 PM 12:13

Full Name of Committee Glaeden for Judge						Registration Number if PAC FRANKLIN COUNTY ELECTIONS					
Full Name of Candidate Carrie E. Glaeden											
Street Address 100 South Third Street						Office Sought Franklin County Municipal Court, Unexpired			District Term Ending 1/04/10		
City Columbus						State O H		Zip Code 43215			
Type of Report (Place X in the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year		
	July		August		September		Termination		Semiannual		
	Monthly		Monthly		Monthly						
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			M 1 1		D 0 8		Y 0 5	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 10,588.45
2. Total monetary contributions (From Form No. 31-A)	\$ 500.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 11,088.45
5. Total monetary expenditures (From Form No. 31-B)	\$ 0.00
6. Balance on hand (line 4 minus line 5)	\$ 11,088.45
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 4,000.00
10. Outstanding debts owed by committee (From Form No. 31-D)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-E)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entries only Sum of lines 2-7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Kurtis A. Tunnell, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution
pages 1

Expenditure
pages 0

Other
pages 2

Total
pages 3

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Glaeden for Judge							
Full Name of Contributor Woody Fox					Registration Number, if PAC		
Street Address 209 S. High Street, Suite 303		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 1 4	Y 0 5	Amount 250.00	
Full Name of Contributor Porter, Wright, Morris & Arthur LLP					Registration Number, if PAC		
Street Address 41 S. High Street		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 1 7	Y 0 5	Amount 250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must

appear. R.C. 3517.10(B)(4)

Page Total \$ 500.00

Statement of Loans Received

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Full Name of Committee Glaeden for Judge														
From Whom Received Carrie E. Glaeden								Prior Amount 4,000.00		Amt. Incurred this Period 0.00				
Address 5142 Highland Meadows Drive										Outstanding Balance 4,000.00				
City Hilliard		State O H		Zip Code 43026		Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$	
		1	0	2	8	0	3		0.00				0.00	
Registration Number, if PAC								M	D	Y		M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y		M	D	Y
From Whom Received								Prior Amount		Amt. Incurred this Period				
Address										Outstanding Balance				
City		State		Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$	
Registration Number, if PAC								M	D	Y		M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y		M	D	Y
From Whom Received								Prior Amount		Amt. Incurred this Period				
Address										Outstanding Balance				
City		State		Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$	
Registration Number, if PAC								M	D	Y		M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y		M	D	Y

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 4,000.00
- Total received this period \$ 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 4,000.00 (To Form No. 30-A)